Application for Employment Data Sheet



Alternative Format Available at 206-296-7586 (Voice) or 711 (TTY – WA Relay Service)

EEO/AA Employer

Position Title:	Job Announcement #:				
Name:					
First		Last	M.I.		
Mailing Address Street	Apt#	City	State Zip code		
E-Mail Address	() - Home Phone Numl	() - ber Alternate Numl	Type: Work Personal Der		
Are you a King County Employee? What is your employment status?		ry (TLT, short term temp, inter	rn) On Call Other		
Social Security Number It is used only for applicant tracking pur investigation.		Your disclosure of your social ned confidential, unless the pos			
AFFIRMATIVE ACTION DATA King County is committed to non-discric confidential. It will be used to implement Completion of this section is voluntary. GENDER: Female Male ETHNIC GROUP/RACE: If you identify with more than one eth you mark the one ethnic/race group were section.	nt King County's Affirmat	tive Action Plan and to meet fe	deral funding requirements.		
B African American/Black: Person I American Indian/Alaska Native cultural identification through the Asian/Pacific Islander: Persons subcontinent, or the Pacific Islan H Hispanic/Latino: Persons of Moorigin unique to the Americas, rew White/Caucasian: Persons having Southwest Asia.	ve: Persons having origins ibal affiliation or commurs having origins in the originds. These areas include texican, Puerto Rican, Cub egardless of race.	in the original peoples of North nity recognition. ginal peoples of the Far East, So China, Japan, Korea, the Philip nan, Central or South American	outheast Asia, the Indian pine Islands, and Samoa.		
DISABILITY: A disability is a permanent physical, me activities. Do you have a disability that obtain, maintain, or advance in employn Will you need accommodation in the aphuman resources staff coordinating this call the contact number listed on job pos	is permanent and substant nent? YES NO plication or testing proces recruitment will send you	tial, rather than slight, and is liles? YES NO If you cha request asking for additional	kely to limit your ability to necked the "YES" box, the		

(Continued on next page)

Name	Job Announcement Number
VETERANS PREFERENCE	
Dates Served: to	•
than dishonorable discharge, if any p 8-5-64 and 5-7-75 in all other cases;	y for a period of more than 180 days, and was discharged or released therefrom with other part of such active duty occurred: (1) In Vietnam between 2-28-61 and 5-7-75; or between 3 or, (2) was discharged or released from active duty for a service-connected disability if formed; (3) in Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all nition? YES NO
compensation under laws administer more; or Rated 10 or 20 percent in the	nsation or who, but for the receipt of military retirement pay, would be entitled to red by the U.S. Department of Veterans Affairs for disability: (1) Rated at 30 percent or he case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious son who was discharged or released from active duty for a service connected disability." ES \(\subseteq \textbf{NO} \)
MILITARY SERVICE/VETERA	N'S PREFERENCE
meet <u>all</u> of the following criteria: 1. You have not previously used you. 2. You served in the military during ended). Military service during have resulted in award of the resulted Forces Expeditionary Medal or the Southwest Asia Service Medal.	.04.010, certain veterans are eligible for Veteran's Preference. To be eligible, you must our veteran's status to obtain an offer of employment in Washington state. g any period of war (the Persian Gulf War began August 2, 1990 and has not yet officially the Lebanon crisis, the invasion of Grenada, or the Operation Just Cause in Panama must pective campaign badge or medal for these military actions) OR you received the Armed he Marine Corps or Navy Expeditionary Medal for opposed action on foreign soil, or the least 180 days. (Reserve and National Guard Service for less than six continuous months
	Did you exit the military within the past 15 years? YES NO It in Washington State using Veteran's Preference? YES NO For this examination? If yes, please attach DD214 with job application. YES NO ent pay? YES NO
King County Sources: Bull Community Center Employ Friend/Word of Mouth Com Newspaper: Specify TV / Specify	on? Mark all boxes applicable from the list below. letin Boards
-	ovided above is accurate and true, and may be subject to verification. I any information requested above may disqualify my application and/or be
SIGNATURE	DATE
Thank you for completing this I	King County Applicant Data Sheet.



APPLICATION FOR EMPLOYMENT

HRD:

Job Line: Washington Relay Service: (206) 296-7340 (206) 296-5209 711

Position Title: Job Announcement #:

Instructions:

- Carefully read the job announcement relating to the position for which you are applying.
- Provide all information requested by **typing or printing** in ink.
- Be sure to date and sign the application. An incomplete application may delay action or disqualify you.
- Please return all required materials as indicated on the job announcement.

Last Name	F	irst Name		Middle	Initial
Street Address	C	lity	State	Zip	Code
Home Phone	Alternative Phone No. e.g. work, cel	l, msg E-mail ad	ldress		
Are you currently a King County	employee?			☐ Ye	es 🗌 No
Have you previously worked for				Y6	es 🗌 No
1	part time employee? Regular or Term	Limited Temporary		Y6	es 🗌 No
If yes and you are paid every two	weeks, (Bi-weekly), what is your em	ployee ID (empl ID#)			
Are you 18 years or older?	•			Ye	es 🗌 No
Would you accept a part-time po	sition?				es 🗌 No
Would you accept a temporary pe	osition?				es 🗌 No
Are you a U.S. Citizen? (Sheriff	's Office applicants only)				es 🗌 No
Can you provide documentation	that authorizes you to work in the Uni	ted States of America?			es 🗌 No
Have you ever been terminated for	or a disciplinary reason while working	g for King County?			es 🗌 No
High School	Location (City)	Location (St	ate)	Yes No	
College or University	Location (City & State)	Dates (From		Graduate/G.E.D. Yes No	College or
	(- 3	/ to	/	Graduate?	University
Degree Title	Date	Major		Credit Hours	
Other Training	Location (City & State)	Dates (From / to	/To) /		
Other valid professional licenses and cert	ificates: Type of License:	Issuing State	Registration	ı No.:	Expiration Date
Names of spouse/domestic partner, and/o	r relative employed by King County	Department/Division			
	ony within the past 10 years? Ye	s 🗌 No			
If yes, for what were you convict	dered only if it relates reasonably to the	ich duties and dees not	aaaaaaarily l	or you from on	nlovmont
	application materials are true to the best m further consideration or, if employed,				
	we my consent that any person, firm or o				
with reference material concerning	my character, past employment or any o	other information reques	ted. Further		
of hire I will be required to provide	e documentation that authorizes me to w	ork in the United States	of America.		
Signature:			Date:		
For Office Use Only					
☐ Accepted ☐ Accepted subject		Experience		Analyst	Date
Action	☐ Education ☐	Other (specify)			
ACTION					

Previous Employment This section must be completed in detail. A resume will not substitute for a completed application unless the job posting so indicates. Beginning with your present or most recent employment, list work experience gained during the past 10 years. Include any periods of self-employment, U.S. military service, and any job-related volunteer experience. If more than one position has been held with the same employer, list each separately. If additional space is necessary, please attach additional spects

Job Title			Employer's Name and Address	ess		
Supervisor's Name						
Supervisor's Phone Number	Employer's Phone #				Number of employees supervised by you:	
Dates Employed (Mo./Yr.) / to /		Hours p	er week:	Last	Salary\$	
Duties:						
Reason for leaving						
or considering change:						
Job Title			Employer's Name and Address			
Supervisor's Name	T=					
Supervisor's Phone Number () -	Employer's Phone #		May we contact this employ ☐ Yes ☐ No	er?	Number of employees supervised by you:	
Dates Employed (Mo./Yr.)		Hours p	er week:	Last	Salary\$	
/ to / Duties:						
December for the state of						
Reason for leaving: Job Title			Employer's Name and Addre	ACC		
Job Title			Employer's Name and Addit	CSS		
Supervisor's Name						
Supervisor's Phone Number	Employer's Phone #		May we contact this employ	er?	Number of employees	
() -	() -	11	Yes No		supervised by you:	
Dates Employed (Mo./Yr.) / to /		Hours p	s per week: Last Salary\$		Salarys	
Duties:						
Reason for leaving:						
Job Title			Employer's Name and Address			
Supervisor's Name						
Supervisor's Phone Number	Employer's Phone #		May we contact this employ Yes No	er?	Number of employees supervised by you:	
Dates Employed (Mo./Yr.)	1	Hours p		Last	Salary\$	
/ to / Duties:		1				
Reason for leaving:						